Medicaid Advisory Committee Recommendations on the Healthy Kids Plan and the Healthy Oregon Act (SB 329-B)

Healthy Oregon Act (SB 329-B) statutory purview of the MAC	MAC Healthy Kids Plan Recommendations	MAC Healthy Oregon Act Standing Recommendations	MAC Future Considerations for OHFB and Eligibility & Enrollment Committee
Develop proposals for the eligibility requirements and enrollment procedures of the Oregon Health Fund program, including, but not limited to: *public subsidies of premiums or other costs under the program* **(Section 9(2)(d)(A))**.	Income-appropriate cost-sharing in Healthy Kids, and that premium sharing be the primary means of cost sharing as follows: • Maintain cost-sharing at zero (current level) in DMAP programs. • Adjust cost-sharing levels in FHIAP programs so that there is no premium contribution required for children below 200% of the Federal Poverty Level (FPL) guidelines and family premium contributions below 200% FPL are adjusted to mesh with Healthy Kids premium contributions above 200% FPL. • Set premium subsidies for families above 200% FPL so that total cost sharing does not exceed 5% of annual family income. • Discontinue premium subsidies at a family income level sufficient to pay full premium without jeopardizing the family's ability to cover basic costs of living. (The MAC estimated this level to be 350% FPL). • Adjust premium subsidies for the FHIAP portion of Healthy Kids to achieve parity with the DHS	• All uninsured individuals and families should be able to participate; • Premiums should be based on the Federal Poverty Level income index with a sliding-scale. • Copayments should be modest in keeping with the income levels of families. For example, the copayment for physician office visits should be no more than $10 for those under 200% FPL. • MAC recommends that cost-sharing take into consideration family monthly cost-of-living expenses by geographic regions when considering how much a family can afford to contribute to health care.	• Families should be kept intact programmatically • The E & E Committee should consider family or couple based premiums in addition to individual premiums • Copayments should be designed to promote prevention, cost-effective management of chronic conditions, and appropriate utilization of healthcare resources. • E & E should investigate affordability by considering total cost sharing including premiums, co-payments, co-insurance, and deductibles. • MAC recommends that E & E consider allowing individuals/families to use previous year's tax return statements to determine subsidy levels.

DRAFT

Healthy Oregon Act (SB 329-B) statutory purview of the MAC	MAC Healthy Kids Plan Recommendations	MAC Healthy Oregon Act Standing Recommendations	MAC Future Considerations for OHFB and Eligibility & Enrollment Committee
	portion of Healthy Kids and to reflect the characteristics of each type of coverage in terms of overall cost-sharing and benefits. • Co-payments should be modest in keeping with the income levels of Healthy Kids families. For example, the co-payment for physician office visits should be no more than $10. • Coinsurance and deductibles should not be part of Healthy Kids cost-sharing in the DHS portion due to imposition of severe financial burden on families with very sick children and/or with modest incomes. Coinsurance and deductibles will almost certainly remain in the FHIAP portion of Health Kids as reflections of the market.		
Develop proposals for the eligibility requirements and enrollment procedures of the Oregon Health Fund program, including, but not limited to: *streamlined enrollment procedures, including, a standardized application process* **(Section 9(2)(d)(B)(i))**.	• Streamline enrollment and recertification processes to increase the likelihood that eligible children will be covered and stay covered. As part of this streamlining, there should be a "common application screening form" for Healthy Kids and it should be as short and straightforward as possible. • There should be "one-stop	• See Healthy Kids Recommendations	• Consider all options for enrollment including faxing, telephone applications, mail applications, and electronic applications. • E & E should consider strategies to make application and product information available to populations outside of MAC's previous work including people starting new businesses, early

DRAFT

Healthy Oregon Act (SB 329-B) statutory purview of the MAC	MAC Healthy Kids Plan Recommendations	MAC Healthy Oregon Act Standing Recommendations	MAC Future Considerations for OHFB and Eligibility & Enrollment Committee
	shopping" for eligibility determination. • Applications should be made widely and readily available at locations frequented by families of all income levels and where families in certain target populations tend to seek services. • Allow applicants to use the previous year's tax return as a verification option.		retirees, and others
Develop proposals for the eligibility requirements and enrollment procedures of the Oregon Health Fund program, including, but not limited to: *requirements to ensure that enrollees demonstrate Oregon residency* **(Section 9(2)(d)(B)(ii)).**	The MAC Healthy Kids Report did not address Oregon residency requirements.		E & E should determine the cost-benefit of covering all Oregonians regardless of citizenship in terms of uncompensated care, the cost-shift, public health, emergency preparedness, and the dignity and worth of every individual.
Develop proposals for the eligibility requirements and enrollment procedures of the Oregon Health Fund program, including, but not limited to: *streamlined enrollment procedures, including, a process to enable a provider to enroll an individual in the Oregon Health Fund program at*	Partner with organizations involved in health, social service, and educational programs for children, which may include: • Physician and dental offices • Safety-net clinics, including rural and migrant clinics • Hospitals • Pharmacies, and,		

DRAFT

Healthy Oregon Act (SB 329-B) statutory purview of the MAC	MAC Healthy Kids Plan Recommendations	MAC Healthy Oregon Act Standing Recommendations	MAC Future Considerations for OHFB and Eligibility & Enrollment Committee
the time the individual presents for treatment to ensure coverage as of the date of the treatment **(Section 9(2)(d)(B)(iii)).**	• Social Service Agencies		
Develop proposals for the eligibility requirements and enrollment procedures of the Oregon Health Fund program, including, but not limited to: *streamlined enrollment procedures, including, permissible waiting periods, preexisting condition limitations or other administrative requirements for enrollment* **(Section 9(2)(d)(B)(iv)).**	• There should be no requirement of a period of uninsurance to become eligible for Healthy Kids. State agencies should, however, take suitable precautions to monitor "crowd-out" (as done in New York's Medicaid program) and add such a requirement if a significant shift from privately sponsored to publicly sponsored health coverage. • In the interest of community-rating as a policy objective, all children should be eligible to enroll in Healthy Kids regardless of health status. However, state agencies should monitor for adverse selection into the pool; and, if needed, apply a remedy to preserve the viability of the pool. • Children eligible for Healthy Kids should be enrolled for 12 continuous months. • There should be no asset limit for Healthy Kids. Attaining self-sufficiency depends on a family's ability to build financial reserves.		

DRAFT

Healthy Oregon Act (SB 329-B) statutory purview of the MAC	MAC Healthy Kids Plan Recommendations	MAC Healthy Oregon Act Standing Recommendations	MAC Future Considerations for OHFB and Eligibility & Enrollment Committee
	The cost of health coverage can prevent that for families with modest resources. The availability of assets to parents should not interfere with expanding health coverage to uninsured children since those resources could be depleted within days in the event of a serious illness or injury. Removing the need to determine family assets will result in simplification and administrative savings.		
Develop proposals for the eligibility requirements and enrollment procedures of the Oregon Health Fund program, including, but not limited to: *a grievance and appeals process for enrollees* **(Section 9(2)(d)(C)).**	The MAC Healthy Kids Report did not address Oregon an appeals process.	N/A	
Develop proposals for the eligibility requirements and enrollment procedures of the Oregon Health Fund program, including, but not limited to: *standards for disenrollment and changing enrollment in accountable health plans* **(Section 9(2)(d)(D)).**	The MAC Healthy Kids Report did not address standards of disenrollment and changing enrollment in accountable health plans.	N/A	

DRAFT

Healthy Oregon Act (SB 329-B) statutory purview of the MAC	MAC Healthy Kids Plan Recommendations	MAC Healthy Oregon Act Standing Recommendations	MAC Future Considerations for OHFB and Eligibility & Enrollment Committee
Develop proposals for the eligibility requirements and enrollment procedures of the Oregon Health Fund program, including, but not limited to: *allowing employers to offer health insurance coverage by insurers of the employer's choice or to contract for coverage of benefits beyond the defined set of essential health services* **(Section 9(2)(d)(F)).**	The MAC Healthy Kids Report did not address employers offering health insurance coverage by insurers of the employer's choice or to contract for coverage of benefits beyond the defined set of essential health services.	N/A	

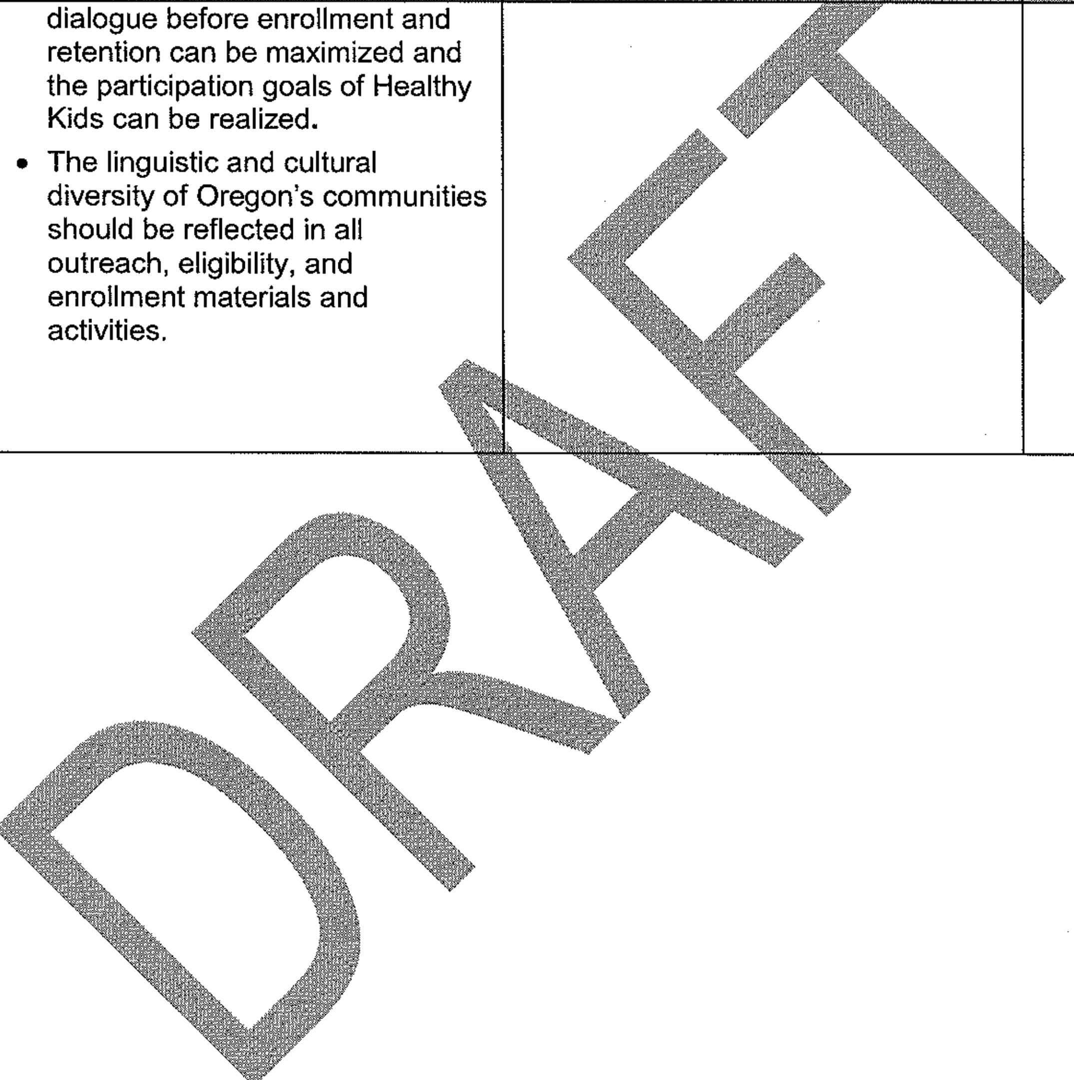
Develop proposals for the eligibility requirements and enrollment procedures of the Oregon Health Fund program, including, but not limited to: *an outreach plan to educate the general public, particularly uninsured and underinsured persons, about the program and the program's eligibility requirements and enrollment procedures* **(Section 9(2)(d)(E)).**	That there should be an appropriately funded aggressive outreach effort to bring uninsured children into Healthy Kids. These efforts would aim to:
	• Partner with organizations involved in health, social service, and education programs for children, which may include
	  ○ Schools (public and private and school-based health services
	  ○ Home school associations and support groups
	  ○ Head Start
	  ○ Child care
	  ○ Safety-net clinics, including rural and migrant clinics		

DRAFT

Healthy Oregon Act (SB 329-B) statutory purview of the MAC	MAC Healthy Kids Plan Recommendations	MAC Healthy Oregon Act Standing Recommendations	MAC Future Considerations for OHFB and Eligibility & Enrollment Committee
	○ Physician and dental offices ○ Hospitals ○ Pharmacies ○ Social service agencies • Identify uninsured children and inform parents about Healthy Kids. • Increase outreach and retention for those children already eligible but not enrolled. • To the extent possible, there should be a coordinated screening effort to link with health and social services programs with similar eligibility requirements. • All outreach, eligibility, and enrollment efforts recognize the cultural diversity of Oregonians. Since no single approach will be equally effective with all Oregon communities, the MAC recommends that state agencies develop approaches appropriate to Oregon's various racial and ethnic communities. Similarly, different approaches may be more effective in rural and urban areas of the state. • Families in the target population must be identified and engaged in		

DRAFT

Healthy Oregon Act (SB 329-B) statutory purview of the MAC	MAC Healthy Kids Plan Recommendations	MAC Healthy Oregon Act Standing Recommendations	MAC Future Considerations for OHFB and Eligibility & Enrollment Committee
	dialogue before enrollment and retention can be maximized and the participation goals of Healthy Kids can be realized. • The linguistic and cultural diversity of Oregon's communities should be reflected in all outreach, eligibility, and enrollment materials and activities.		


DRAFT